

California State Council on Developmental Disabilities Quality Assessment Project Personal Wireless Mobile Device Agreement

Name:		
Device (s):		
Internet Service Provide	r/Carrier:	
QA Coordinator:		

By signing below:

- I agree to use my own SCDD approved personal wireless mobile device (device) to enter answers into ODESA while performing work in the community on behalf of SCDD (SCDD work) as an NCI interviewer.
- I agree to set any session termination (time-out) on my device to no more than 15 minutes and to password protect my device.
- I agree not to share with others or provide access to my username or password for ODESA.
- I agree to set my browser <u>not</u> to save my password to ODESA.
- I agree to ensure that my device is maintained in working condition.
- I agree to ensure that my device will connect to the internet using the services of a paid internet service provider/carrier that provides encrypted service and that I may not use any free or unencrypted internet service to perform SCDD work.
- I agree to use a device for SCDD work that will display no smaller than 3.5 inches (diagonal).
- I agree not to store any personal client confidential information on the hard drive of my device.
- I agree to maintain and safeguard the security of my device by making sure it is secured from theft or unauthorized access and not otherwise unattended.
- I agree to report any loss, damage or change of my device immediately to SCDD.
- I agree to hold SCDD harmless from any claims, suits, actions, damages, or other causes of action arising out of any loss or damage to my device including, but not limited to, loss of personal information.
- I agree that I am responsible for all costs associated with the use of my device for SCDD work and payment under this agreement covers and serves as full consideration for use of my device for SCDD work.
- I agree that I am an independent contractor and will comply with all applicable provisions in the attached Exhibit E.

gnature:	Date:	